

United States Bankruptcy Court							Voluntary Datition			
EASTERN District of NEW YORK						Voluntary Petition				
Name of Debtor(if individual, enter Last First Liberty Home Care	Name of	Name of Joint Debtor (Spouse) (Last, First, Middle):								
All Other Names used by the debtor in the last 8 years (include maiden and trade names): Liberty Home Care Nurses Emplo			All Othe maiden	All Other Names used by the joint debtor in the last 8 years (include maiden and trade names):						
Agency Inc.  Last four digits of Soc Sec No/Complete EIN or other Tax I D No (if more than one, state all): 39-2072838				Last four digits of Soc. Sec. No /Complete EIN or other Tax I D. No (if more than one, state all):						
Street Address of Debtor (No & Street, City and State): 10343 Lefferts Boulevard				Street Address of Joint Debtor (No & Street City and State):						
Richmond Hill NY ZIP CODE 11419				ZIP CODE						
County of Residence or of the Principal Place	of Business:		County	County of Residence or of the Principal Place of Business:						
Mailing Address of Debtor (if different from	street address):		Mailing	Mailing Address of Joint Debtor (if different from street address):						
	ZIP CODE				÷		ZIP CODE			
Location of Principal Assets of Business Deb	tor (if different fr	om street address	above):				ZIP CODE			
Type of Debtor (Form of Organization) (Check one box)	1	e of Business applicable boxes		pter of Banl		Under Whi	ch the Petition is Filed			
□ Individual (includes Joint Debtors)     See Exhibit D on page 2 of this form.     ☑ Corporation (includes LLC and LLP)     □ Partnership     □ Other (If debtor is not one of the	Partnership defined in 11 U.S.C. 8101(51B)				☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding ☐ Chapter 13 ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding					
□ Other (It debtor is not one of the above entities, check this box and state type of entity below)  □ I ax-Exempt Entity (Check box, if applicable) □ Debtor is a tax-exempt organization under Title 26 of the United States			define "incu a pers	Nature of Debts (check one box)  □ Debts are primarily consumer debts, ⊠ Debts are primarily defined in 11 U S C. § 101(8) as business debts  "incurred by an individual primarily for a personal, family, or house-hold purpose"						
Code (the Internal Revenue Code).  Filing Fee (Check one box)  Filing Fee attached  Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments Rule 1006(b) See See Official Form 3A				Check one box:  ☐ Debtor is a small business debtor as defined in 11 U S.C. §101(51D).  ☐ Debtor is not a small business debtor as defined in 11 U S.C. §101(51D).  ☐ Check if:  ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders of affiliates) are less than \$2,190,000						
☐ Filing Fee Waiver requested (Applicable to chapter 7 individuals only).  Must attach signed application for the court's consideration See Official Form 3B				Check all applicable boxes:  ☐ A plan is being filed with this petition ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors in accordance with 11 U.S.C. § 1126(b).						
						THIS SPACE FOR COURT USE ONLY				
☐ Debtor estimates that funds will be available for distribution to unsecured creditors ☐ Debtor estimates that after any exempt property is excluded and administrative expenses paid, there will be no funds for distribution to unsecured creditors										
Estimated number 1- 50- 10 of Creditors 49 99 19		1,000- 5.00 5.000 10,00	,	25,001- 50 000	50,001- 100 000	OVER 100 000				
	]	J. 000 10,00	.00 23,000 □	J0,000						
Estimated Assets  \$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 \$1 million	to \$1,000,001 t \$10 million	to \$10,000,001 to \$50 million	\$50,000,001 S to \$100 million	\$100,000,001 to \$500 millid	\$500,000,00 onto \$1 billion	I More than to \$1 billio	n on			
\$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 \$1 million		\$10,000,001 to \$50 million								



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Voluntary Petition	Name of Debtor(s):					
(This page must be completed and filed in every case)	Liberty Home Care					
All prior Bankruptcy Cases Filed Within L	ast 8 Years (If more than two, attach	additional sheet)				
Location Where Filed:	Case Number	Date Filed:				
Pending Bankruptcy Case Filed by any Spouse, Part	rer or Affiliate of this Debtor (If mor	e than one, attach additional sheet)				
Name of Debtor:	Case Number: Date Filed:					
District	Relationship:	Judge:				
Exhibit A  (To be completed if debtor is required to file periodic reports (e.g. forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 134 and is requesting relief under chapter 11)  Exhibit A is attached and made part of this petition  Does the debtor own or have possessi imminent and in	I the attorney for the petitioner the have informed the petitioner the 12 or 13 of title 11, United Star under each such chapter. I fur notice required by §342(b) of the start of the such chapter of Attorney for Debt Exhibit C	on & Cowhey, P.C. 05/24/2010 Date:				
Yes and Exhibit C is attached and made a part of this petition						
Ŋ No	·					
	Exhibit D					
(To be completed by every individual debtor If a joint petition is filed,	each spouse must complete and a	ttach a seperate Exhibit D)				
☐ Exhibt D completed and signed by the debtor is attached and made If this is a joint petition:						
Exhibit D also completed and signed by the joint debtor is attached	and made part of this petition					
Informati (C	on Regarding the Debtor-Venue heck any applicable box)					
Debtor has been domiciled or has had a residence, principal place of proceeding the date of this petition or for a longer part of such 180	f business, or principal assets in the days than in any other District	nis District for 180 days immediately				
$\Box$ There is a bankruptcy case concerning debtor's affiliate, general part	tner or partnership pending in this	District				
Debtor is a debtor in a foreign proceeding and has its principal place has no principal place of business or assets in the United States but this District, or the interests of the parties will be served in regard to	is a defendant in an action or pro-	n the United States in this District, or eeeding [in a federal or state court] in				
Statement by a Debtor Who R	esides as a Tenant of Residentia (Check all applicable boxes)	l Property				
☐ Landlord has a judgment against the debtor for possession of debtor's residence (If box checked, complete the following)						
Name of landlord that obtained judgment:						
Address of landlord:  Debtor claims that under applicable nonbankruptcy law, there are emonetary default that gave rise to the judgment for possession after  Debtor has included in this petition the deposit with the court of an petition	the judgment for possession was	entered, and				
☐ Debtor certifies that he/she has served the Landlord with this certification (11 U S C & 362(1)).						
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Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Liberty Home Care				
Sign	natures				
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative				
I declare under penalty of perjury that the information provided in this petition is true and correct	I declare under penalty of perjury that the information provided in this petition is true and correc, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this				
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11. United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.					
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code	§1515 of title 11 are attached				
I request relief in accordance with the chapter title 11. United States Code specified in this petition	Pursuant to \$1511 of title 11 United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached				
X Liberty Home Care Nurses Emp. Ag. I	X				
Signature of Debtor	(Signature of Foreign Representative)				
X	(Signature of Foreign Representative)				
XSignature of Joint Debtor	(Printed Name of Foreign Representative)				
Telephone Number (If not represented by attorney)  05/24/2010	05/24/2010 Date				
Date Signature of Attorney					
X John Macron, Macron & Cowhey, P.C. Signature of Attorney for Debtor(s) Printed Name of Attorney for Debtor(s) Marilyn Cowhey Macron Firm Name Macron & Cowhey, P.C. Address 257 Beach 116th Street Rockaway Beach, NY 11694	Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in U S C §110: (2) I prepared this document for compensation and have provided the debtor with a copy of this coument and the notices and information required under 11 U S C §\$110(b). 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U S C §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers. I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section Official Form 19B is attached				
Telephone Number	Printed Name and title if any of Bankruptcy Petition Preparer				
718-474-0111  Date 05/24/2010 *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Social Security number(If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer )(Required by 11 U S C §110)  Address				
Signature of Debtor(Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor	x				
•	Date 05/24/2010				
The debtor requests relief in accordance with the chapter of title 11. United States Code, specified in this petition	Signature of Bankruptcy Petition Preparer or officer, principal, responsible person or partner whose social security number is provided above.				
X Christine Persaud, President Signature of Authorized Individual	40010				
Christine Persaud, President	Names and Social Security numbers of all other individuals who prepared				
Printed Name of Authorized Individual	or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:				
Title of Authorized Individual	If more than one person prepared this document attach additional sheets conforming to the appropriate official form for each person				
	A bankruptcy petition preparer's failure to comply with the provisions of				
Date 05/24/2010_	title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110, 18 U.S.C. §156.				
	1				



## UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF NEW YORK

In re: Liberty Home Care

Debtor(s) Case No. (If known)

EXHIBIT"C" If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition

## EXHIBIT "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if neccessary):

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

Form B4W (12/07)

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## UNITED STATES BANKRUPTCY COURT Liberty Home Care

DISTRICT OF EASTER

NEW YORK

Debtor(s) Case No

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C.§101(30) or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian such as 'A B a minor child by John Doe, guardian ' Do not disclose the child's name See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m)

(1) NAME OF CREDITOR AND COMPLETE MAILING ADDRESS INCLUDING ZIP CODE	(2)  NAME, TELEPHONE NUMBER AND COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE OF EMPLOYEE, AGENT, OR DEPARTMENT OF CREDITOR FAMILIAR WITH CLAIM	(3) NATURE OF CLAIM (trade debt, bank loan, government contract, etc)	(4) C U S D	(5) AMOUNT OF CLAIM (If secured also state value of security)	
Internal Revenue Service 1 Lefrak City Plaza 59-17 Junction Blvd Corona, NY 11368			D	487,979.91	
NY State Dept Tax and Financ Bankruptcy Section PO Box 5300 Albany, NY 12205-0300			D	75,000.00	
JP Morgan Chase Bank, N.A. 501 Mamaroneck Avenue White Plains, NY 10605			D	51,145.68	
State of NY- Dept of Labor 138-60 Barclay Avenue Flushing, NY 11355			D	24,775.00	
Law Offices of Tenzer & Luni 1775 Broadway, Suite 608 New York, NY 10019			D		
Bruce Frankenberg, Marshal City of New York 205-07 Hillside Ave, Room 29 Hollis, Queens, NY 11423			D .		
Ann Samoleski Michael A. Cervini, Esq. 40-24 82nd Street Jackson Heights, NY 11372			D		

Liberty Home Care

Debtor(s) Case No

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS SIGNATURE PAGE

Date: 05/24/2010	_	Liberty	Home	Care	Nurses	Emp.	Ag.	Inc.
		Debtor						
Date: 05/24/2010	_							
	_	Co. debto						